<u>.</u>	PATENT	APPLICATION Effect)."		0-	790	1/2/							
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER					
Ţ	OTAL CLAIMS	\$	3				RAT			FEE	7	RATE	FEE	
F	OR		NUMBER	FILED	NUM	NUMBER EXTRA		BASIC FEE		385.00	OR	BASIC FEE	770.00	
TO	OTAL CHARGE	ABLE CLAIMS	3 mi	nus 20=	*	1		X\$ 9=			OR	X\$18=	198	
INI	DEPENDENT C	LAIMS	() minus 3 = "			7	X43=	1			X86=	602		
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT							OR		0-2		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2							+145=			OR	+290=		
•								TOTAL	L		OR	TOTAL	1770	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	Ame	HIGHI NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
5	Total		Minus	tt.		=		X\$ 9=	T		OR	X\$18=	·	
9	Independent	*	Minus	444		2	-	X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						t	. 4 45	\dagger			.000		
		•					L	+145=	+		OR	+290= TOTAL		
		(Oatuma 1)							ADDIT, FEE OR ADDIT, FEE					
_		(Column 1) CLAIMS	T	(Colum	ST .	(Column 3)	r		1.4	ADDI-		·	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	T	ONAL FEE	·	RATE	TIONAL FEE	
	Total	•	Minus	**		= '		X\$ 9=		,	OR	X\$18=		
AME	Independent	•	Minus	444		= ,		X43=	T		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			114E-1	十			+290=		
		8						+145=	-		OR	TOTAL	- 4	
										•	OR ,	ODIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								1 .	·.	r			
AMENDMENT C	•	RÉMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	USLY	PRESENT EXTRA		RATE	TI	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
W E	Independent	4.	Minus_	###			-	X43=	1			X86=		
۹.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	7,40-	<u> </u>		OR	700=		
4 10		um a ta kasa an a sa'		-			L	+145=			OR	+290=		
H	the "Highest Nun	nn 1 is less than the nber Previously Pai	id For IN THIS	SPACE is I	es s tha r	1 20, enter "20." ;	, AD	TOTAL OIT. FEE			OR' A	TOTAL DOIT, FEE		
		nber Previously Paid							orac	riale hov				

Application or Docket Number